Walter Reed Army Medical Center 6900 16th Street, N.W. Washington, DC 20307

PATIENT INFORMATION:

Patient: WRAMC VC-177M

Patient ID:

Study Date: 1/13/2003

Referring Physician: SMITH MILTON T

INTRODUCTION:

A 59 year old male presents with:

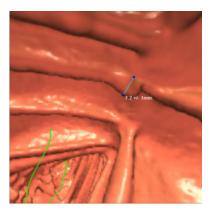
Screening

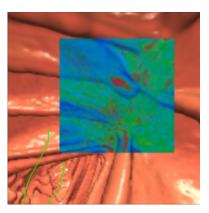
Others: 59 yo WM here for enrollment into Virtual Colonoscopy protocol. Patient states doing well w/o change in BM, wt loss, blood in stool. Patient ave risk for colon cancer w/o FH of colonic polyps, colon ca or polyposis syndromes. Patient w/o positive stool guiac test or h/o iron def anemia w/in past 6 months. Patient has had no prior evaluations for colon cancer screening including normal colonoscopies w/in 10 yrs, and normal ACBE w/in past 5 yrs. Patient w/o h/o adenomatous polyps, colorectal cancer, IBD, HNPCC or FAPS. No h/o rectal bleeding, hematochezia, or unintentional wt loss w/in past 12 months. Patient has no contraindications for colonoscopy in general or to fleets prep.

COLON FINDINGS:

(Supine) 7.2 x 0.0 mm round polyp identified in the hepatic flexure at 164.3 cm from rectum.

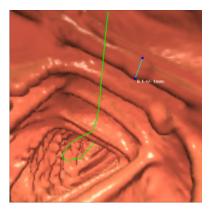


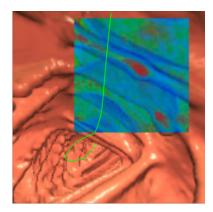




(Supine) 6.1×0.0 mm round polyp identified in the hepatic flexure at 164.1 cm from rectum.

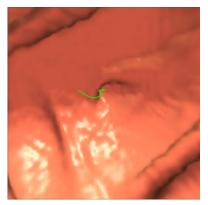






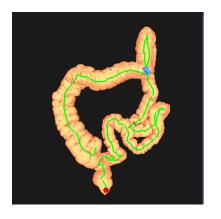
(Supine) Normal finding in the cecum at 186.9 cm from rectum.

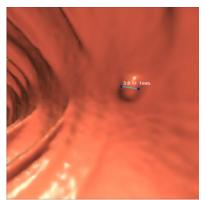


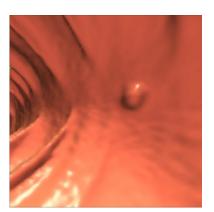


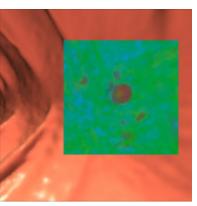


(Prone) 3.8 x 0.0 mm round polyp identified in the descending colon at 114.9 cm from rectum.









IMPRESSION

- 7mm and 6mm sessile polyps in the hepatic flexure. 4mm sessile polyp in the descending colon.

J. Richard Choi, ScD, MD